



HIV Care, Treatment and Retention Indicators

Indicator 26: Number of referrals to ancillary support services for PLWHA provided by CBOs	
Description	<ul style="list-style-type: none"> Total number and satisfaction of PLWHA provided with ancillary support services by CBOs. Recommendations for satisfaction scales can be found in Indicator #37.
Significance	<ul style="list-style-type: none"> Ashman and colleagues (2002) found that the receipt of ancillary services among PLWHA was associated with receiving primary medical care from a provider and improved retention in care. Ancillary care services examined included case management, mental health and substance abuse treatment/counseling, advocacy, respite and buddy/companion services, as well as good, housing, emergency financial assistance and transportation (Ashman, et al., 2002). Sherer et al. (2002) similarly found that PLWHA receiving certain support services (case management, transportation, mental health and chemical dependency) were significantly more likely to receive primary health care and had improved retention in care. Homeless/marginally-housed PLWHA have been associated with poorer HAART access, adherence and treatment outcomes (Milloy, et al., 2012). Food security and HIV/AIDS are intertwined in a vicious cycle through nutritional, mental health and behavioural pathways. Normen and colleagues (2004) conducted a study to assess the level of food insecurity and hunger among HIV-positive persons accessing ART in BC. Study findings demonstrated that almost one half of the participants who were eligible for ART in BC in 1998-1999 were food insecure.
Data source	<ul style="list-style-type: none"> CBO administrative data
Possible disaggregation	<ul style="list-style-type: none"> Type of support service referrals (e.g. housing support, mental health and substance use services, food security services, etc.)
Limitations	<ul style="list-style-type: none"> CBO tracking issues Lack of standardized manner to track referrals limits comparability Difficult to determine if clients followed through with referrals





References

1. Ashman, J.J., Conviser, R., & Pounds, M.B. (2002). Associations between HIV-positive individuals' receipt of ancillary services and medical care receipt and retention. *AIDS Care*, 14(1): S109-S118.
2. Milloy, M-J., Marshall, B.D.L., Montaner, J., Wood, E. (2012). Housing status and the health of people living with HIV/AIDS. *Curr HIV/AIDS Rep*, 9(4): 364-374.
3. Normen, L., Chain, K., Braitstein, P., Anema, A., Bondy, G., Montaner, J., & Hogg, R.S. (2005). Food insecurity and hunger are prevalent among HIV-positive individuals in British Columbia, Canada. *J. Nutr.*, 135: 820-825.
4. Sherer, R., Stieglitz, K., Narra, J., Jasek, J., Green, L., Moore, B., Shott, S., & Cohen (2002). HIV multidisciplinary teams work: Support services improve access to and retention in HIV primary care. *AIDS Care*, 14(1): S31-S44.

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